☐ FORM TO BE KEPT CONFIDENTIAL (if box checked)

APPLICANT *(name):*	*FOR COURT USE ONLY*
APPLICANT IS: ☐ Witness ☐ Juror ☐ Attorney ☐ Party ☐ Other	
Person submitting request *(name):*	
APPLICANT'S ADDRESS:	
TELEPHONE NO.:	
NAME OF COURT:	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
NAME OF JUDGE:	
CASE NAME:	
REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES and ORDER	CASE NUMBER:

Applicant requests accommodation under California Rules of Court, rule 989.3, as follows:

1. Type of proceeding:　☐ Criminal　☐ Civil

2. Proceedings to be covered *(e.g., bail hearing, preliminary hearing, particular witnesses at trial, sentencing hearing):*

3. Dates accommodations needed *(specify):*

4. Impairment necessitating accommodations *(specify):*

5. Type of accommodations *(be specific):*

6. Special requests or anticipated problems *(specify):*

7. I request that my identity　☐ be kept CONFIDENTIAL　☐ NOT be kept CONFIDENTIAL.

　　I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

. . . .　▶ _____

(TYPE OR PRINT NAME)　　　　　　　　　　　　　　　　　　(SIGNATURE OF APPLICANT)

ORDER

☐ The request for accommodations is GRANTED because
　☐ the applicant satisfies the requirements of the rule.
　☐ it does not create an undue burden on the court.
　☐ it does not fundamentally alter the nature of the service, program, or activity.
　☐ Alternate accommodations granted *(specify):*

☐ The request for accommodations is DENIED because
　☐ the applicant does not satisfy the requirements of the rule.
　☐ it creates an undue burden on the court.
　☐ it fundamentally alters the nature of the service, program, or activity.
　(Specify):

Date:

_____
JUDGE

REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES and ORDER

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Cal. Rules of Court, rule 989.3